

**APPLICATION FOR  
SUNSET BEACH DRIVEWAY PARKING PERMIT**

**FILL OUT THE FOLLOWING AND**

**MAIL TO:**

County of Orange  
County Property Permits  
P.O. Box 4048  
Santa Ana, CA 92702-4048

**-OR-**

**DELIVER TO:**

County of Orange  
County Property Permits  
300 North Flower Street  
Room 122, Station No. 6  
Santa Ana, CA 92703  
Hours: 8 a.m. to 3:30 p.m.

Attention: Ben Sarlak      Phone: (714) 834-3474  
Fax: (714) 834-5234 or (714) 835-7425

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**A MINIMUM OF 3 CALENDAR DAYS IS REQUIRED FOR PROCESSING**

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**INFORMATION REQUIRED:**

Applicant's Name \_\_\_\_\_

Property Address \_\_\_\_\_ Apt. # \_\_\_\_\_

Post Office Box \_\_\_\_\_ Telephone Number (    ) \_\_\_\_\_

City \_\_\_\_\_ Sunset Beach \_\_\_\_\_ State \_\_\_\_\_ CA \_\_\_\_\_ Zip \_\_\_\_\_ 90742

Owner's Name (if different) \_\_\_\_\_

Owner's Address (if different) \_\_\_\_\_

Owner's Telephone (if different) (    ) \_\_\_\_\_

I request \_\_\_\_\_ "Driveway Parking Permit(s)" as follows:  
(5 maximum)

	<u>FEE</u>
1. Master permit .....	\$ 20.00
2. Each additional permit (or replacement permit).....	\$ 10.00

Total Fee \$ \_\_\_\_\_

If this is a replacement request, please identify which permit tag number has been lost/stolen. \_\_\_\_\_

By execution of this application, I agree to abide by all Laws, Rules, and Regulations set forth in the State Vehicle Code, State Assembly Bill 3992, County Resolution 84-1520, and the Permit and Special Provisions that I shall receive.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
(Permit cannot be issued without signature)